

December 16, 2004

Mark McClellan
Administrator
Centers for Medicare and Medicaid Services
200 Independence Ave, SW
Washington, DC 20201

Dear Administrator McClellan:

According to a recent report by the Government Accountability Office (GAO), the toll-free Medicare helpline run by the Centers for Medicare and Medicaid Services (CMS), 1-800-MEDICARE, provided consumers with inaccurate information 29 percent of the time and failed to provide any answers an additional 10 percent of the time. I am writing to request more information regarding your plans to resolve this situation and ensure that consumers can easily access the health information they need.

The Medicare law and the new prescription drug discount card program are difficult to navigate. The more than 41 million beneficiaries and their families need a place that they can call in order to stay informed about how Medicare's changes will affect their lives. The help line is clearly needed. In the six months following the enactment of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), over 9 million calls were made to the helpline. It is CMS's responsibility to ensure that the information provided is complete, accurate and understandable.

GAO's recent report, "MEDICARE: Accuracy of Responses from the 1-800-MEDICARE Help Line Should Be Improved" found that "6 out of 10 calls were answered accurately, 3 out of 10 calls were answered inaccurately, and we were not able to get a response for 1 out of 10 calls." It is entirely unacceptable to have a helpline that does not help consumers 40 percent of the time.

Medicare beneficiaries and their families deserve a helpline that provides complete, accurate and understandable answers to their questions. Keeping them informed about Medicare's benefits and providing them with accurate answers to their questions is critical to the success of the Medicare program.

In light of GAO's findings, I request that you explain what CMS plans to do to improve the accuracy and effectiveness of 1-800-MEDICARE to ensure that consumers can easily access the health information they need. I request your assistance and cooperation in providing responses to the following questions:

1. In your comments to the GAO regarding their recommendations, you stated that you “were already implementing steps to make enhancements prior to the GAO study.”
 - a. Please explain what enhancements you made prior to the report.
2. You stated in your comments to GAO that “While 1-800-MEDICARE is open 24 hours a day, 7 days a week, the claims contractors are not, and we have addressed the problems of calls being routed to offices that are closed.”
 - a. When was your system changed to ensure that all calls will be answered by a “live” person?
 - b. As of December 13, 2004, are there any times or circumstances in which a caller will not be able to speak with a live person?
3. You stated that currently there are certain times of the day when 1-800-MEDICARE is not able to provide callers with all of the information they need but that it is “expanding the availability of access to claims data.”
 - a. Please explain what information is currently not accessible at all times.
 - b. During what hours of the day is consumer access to information limited?
 - c. What have you done thus far to address this issue?
 - d. What is your timeframe for ensuring that consumers have access to all information at all times?
4. In your comments you stated that you are accessing and testing scripts to “ensure that CSRs can effectively use them to accurately answer callers’ questions.”
 - a. How many scripts are currently in use?
 - b. How many of the scripts currently in use have been pre-tested?
 - c. How many of the scripts that are currently in use address “hot topics?”
 - d. Since the GAO report, how many of the scripts have undergone review?
 - e. How many scripts do you have left to review?
 - f. When do you expect that the script review process will be complete?
 - g. In light of the GAO report, how many scripts have been written? Revised? Retired?
5. You state in your comments to GAO that you are “reassessing the testing requirements currently in place to determine ways to better ensure that the CSRs are prepared to handle calls at the point that they are certified.”
 - a. What progress have you made on this reassessment?
 - b. When do you expect this assessment will be complete?
 - c. What industry best practices have you considered in terms of your training?
 - d. Are you planning on integrating any of these best practices into your program? If so, what practices? If not, Why?
6. You state in your comments that you “have not gotten to the point of regularly taking a more global review of the data we collect or looking at it from a higher perspective; (i.e. trends).”
 - a. Is this a goal for CMS?
 - b. If so, what steps are you taking to meet this goal?
 - c. When do you think you will reach this point?
 - d. If this is not a goal, why isn’t it?
7. In order to respond to the dramatic increase in demand following the passage of the MMA, you reported that CMS prepared a scope of work, negotiated a contract, and hired, trained, and installed the necessary infrastructure to respond to the demand.

- a. How many CSRs do you believe are necessary to adequately respond to 9 million calls per year?
 - b. How many CSRs are currently employed by CMS?
 - c. How many of the CSRs employed by CMS have been fully trained?
8. Do you believe that you have the resources necessary to fully implement the GAO's recommendations? If not, what resources would you need?
9. Do you believe that you have the resources to respond to 9 million calls annually? If not, what resources would you need in order to fully meet the demand?

Thank you very much for your prompt response to these questions. Should you have any questions about this request, please have your staff contact Ms. Katharine Reinhalter of my staff at 202-225-2836.

Sincerely,

Edward J. Markey
Member of Congress